

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <u>Steven L. Stanley</u>	COURT CASE NUMBER <u>3:21-cv-143-mo</u>
DEFENDANT <u>Jacqueline King - Employee/Agent for Defendant</u> <u>Guardian Management LLC</u>	TYPE OF PROCESS <u>Sec. 1983 Civil Complaint</u>

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Jacqueline King, Guardian Management LLC</u>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>760 SW 4th Ave., Suite 2200, Portland, Or. 97201 (503) 243-5470</u>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285 <u>1</u>
[<u>Steven L. Stanley - Plaintiff</u> <u>MP5 Studios</u> <u>850 NE 81st Ave., Suite 216</u> <u>Portland, Or. 97213</u> <u>(503) 957-4226</u>	Number of parties to be served in this case <u>2</u>	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold Represented by: <u>Sean McKean,</u> <u>Christopher J. Drotzman</u> <u>Davis Rothwell Earle & Ko'chichua</u> <u>200 SW Market St., Suite 1800</u> <u>Portland, Or. 97201</u> <u>(503) 222-4422</u>	<u>Jacqueline King, Guardian Mgmt.</u> <u>Resident Mgr., MP5 Studios</u> <u>850 NE 81st Ave., Res. Mgr. Office</u> <u>Portland, Or. 97213 (503) 333-3331</u> <u>Work place: 9am - 5pm. - Mon. - Fri.</u>	Fold
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Signature of Attorney other Originator requesting service on behalf of: <u>Steven L. Stanley</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>503-957-4226</u>	DATE <u>5/7/21</u>
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <u>D65</u>	District to Serve No. <u>D65</u>	Signature of Authorized USMS Deputy or Clerk <u>[Signature]</u>	Date <u>5/17/21</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) <u>KELLY PAINE, PORTFOLIO MANAGER, GUARDIAN MGMT.</u>	<input checked="" type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date <u>05/25/21</u> Time <u>1530</u> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Signature of U.S. Marshal or Deputy <u>[Signature]</u>	

Service Fee <u>65x2=130</u>	Total Mileage Charges including endeavors) <u>0.00</u>	Forwarding Fee <u>0.00</u>	Total Charges <u>\$136.00</u>	Advance Deposits <u>0.00</u>	Amount owed to U.S. Marshal* or (Amount of Refund*) <u>0.00</u>
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REMARKS:
SERVED TO KELLY PAINE AT GUARDIAN MGMT.

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Steven L. Stanley	COURT CASE NUMBER 3:21-cv-193-mo
DEFENDANT Erik Paine - owner Community Development Partners, et.al	TYPE OF PROCESS Sec. 1983 Civil Complaint
SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Erik Paine - Community Development Partners (owner) ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 126 NE Alberta St., Suite 202, Portland, Or. 97211 (971) 533-7466	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

**Steven L. Stanley - Plaintiff
MP5 Studios
850 NE 81st Ave., Suite 216
Portland, Or. 97213
(503) 957-4226**

Number of process to be served with this Form 285

1

Number of parties to be served in this case

2

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Erik Paine - Owner, Community Development Partners, 126 NE Alberta St., Suite 202, Portland, Or. 97211 (971) 533-7466 [9am-5pm] Mon-Fri. Legal Counsel Represented by: Christopher J. Drotzman / Davis Rothwell Earle & Xochihua P.C. 200 SW Market St., Suite 1800, Portland, Or. 97201-5745 (503) 222-4422 [9am-5pm] Mon-Fri.

Signature of Attorney other Originator requesting service on behalf of:

Steven L. Stanley

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

503-957-4226

DATE

5/7/21

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. D65	District to Serve No. D65	Signature of Authorized USMS Deputy or Clerk 	Date 5/17/21
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date **05/21/21** Time **1145** ☒ am ☐ pm

Signature of U.S. Marshal or Deputy

Service Fee 65x2=130	Total Mileage Charges including endeavors) 9x .56	Forwarding Fee 0.00	Total Charges \$135.04	Advance Deposits 0.00	Amount owed to U.S. Marshal* or (Amount of Refund*) 0 IFP
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REMARKS:

#5.04

PRINT 5 COPIES:

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5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF

Steven L. Stanley

COURT CASE NUMBER

3:21-cv-193-mo

DEFENDANT

Brad Coupchiack, Employee (Agent for Defendant)
Guardian Management LLC

TYPE OF PROCESS

Sec. 1983 Civil Rights Complaint

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Guardian management LLC

AT

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

760 SW 9th Ave., Suite 2200, Portland, Or. 97201 (503) 243-5470

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Steven L. Stanley
850 NE 81st Ave., Suite 216
MP5/The Studios
Portland, Or. 97213
(503) 957-4226

Number of process to be served with this Form 285

one (1)

Number of parties to be served in this case

two (2)

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Represented by:

Christopher J. Dratzman
Davis Rothwell Earle & Xochichua P.C.
200 SW Market St., Suite 1800
Portland, Or. 97201
(503) 222-4422

Brad Coupchiack, Guardian Management LLC
760 SW 9th Ave., Suite 2200, Portland,
Or. 97201 (503) 243-5470. Workplace;
MP5/The Studios, Resident mgr. office,
850 NE 81st Ave., Portland, Or. 97213
(503) 333-3331 works 9am-5pm Mon-Fri.

Fold

Signature of Attorney other Originator requesting service on behalf of:

Steven L. Stanley

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

503-957-4226

DATE

5/7/21

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

No. 265

District to Serve

No. 265

Signature of Authorized USMS Deputy or Clerk

Date

5/17/21

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

KELLY PAINE, PORTFOLIO MANAGER, GUARDIAN MGMT.

Address (complete only different than shown above)

☒ A person of suitable age and discretion then residing in defendant's usual place of abode

Date

05/25/21

Time

1530

☐ am☒ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or (Amount of Refund*)

65.2=130

0.00

0.00

\$130.00

0.00

0.00

REMARKS:

SERVED TO KELLY PAINE AT GUARDIAN MGMT.

PRINT 5 COPIES:

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5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED